

Bureau of Quality Improvement Services Provider Standards Agency Survey
DRAFT SURVEY USED FOR FIELD TEST THROUGH 5/15/03

Provider Agency Name:	Address:	Contact Names & telephone numbers:
REVIEW OF APPROVAL FOR SERVICES:		
1. Check Services provider approved for below:	Does provider have documentation of approval for each service checked?	Does provider meet qualifications for services checked?
<input type="checkbox"/> Adult day services	YES NO N/A	YES NO N/A 6-5-2
<input type="checkbox"/> Adult foster care services	YES NO N/A	YES NO N/A 6-5-3
<input type="checkbox"/> Behavioral support services	YES NO N/A	YES NO N/A 6-5-4
<input type="checkbox"/> Case management services	YES NO N/A	YES NO N/A 6-5-5
<input type="checkbox"/> Community-based sheltered employment services	YES NO N/A	YES NO N/A 6-5-6
<input type="checkbox"/> Community education and therapeutic activity	YES NO N/A	YES NO N/A 6-5-7
<input type="checkbox"/> Community habilitation and participation	YES NO N/A	YES NO N/A 6-5-8
<input type="checkbox"/> Crisis assistance services	YES NO N/A	YES NO N/A 6-5-9
<input type="checkbox"/> Enhanced dental services	YES NO N/A	YES NO N/A 6-5-10
<input type="checkbox"/> Environmental modification supports	YES NO N/A	YES NO N/A 6-5-11
<input type="checkbox"/> Facility based sheltered employment services	YES NO N/A	YES NO N/A 6-5-12
<input type="checkbox"/> Family and caregiver training services	YES NO N/A	YES NO N/A 6-5-13
<input type="checkbox"/> Health care coordination services	YES NO N/A	YES NO N/A 6-5-14
<input type="checkbox"/> Music therapy services	YES NO N/A	YES NO N/A 6-5-15
<input type="checkbox"/> Nutritional counseling services	YES NO N/A	YES NO N/A 6-5-16
<input type="checkbox"/> Occupational therapy services	YES NO N/A	YES NO N/A 6-5-17
<input type="checkbox"/> Personal emergency response system supports	YES NO N/A	YES NO N/A 6-5-18
<input type="checkbox"/> Physical therapy services	YES NO N/A	YES NO N/A 6-5-19
<input type="checkbox"/> Prevocational services	YES NO N/A	YES NO N/A 6-5-20
<input type="checkbox"/> Psychological therapy services	YES NO N/A	YES NO N/A 6-5-21
<input type="checkbox"/> Recreational therapy services	YES NO N/A	YES NO N/A 6-5-22
<input type="checkbox"/> Rent and food for unrelated live-in caregiver supports	YES NO N/A	YES NO N/A 6-5-23
<input type="checkbox"/> Residential habilitation and support services	YES NO N/A	YES NO N/A 6-5-24
<input type="checkbox"/> Residential living allowance and management	YES NO N/A	YES NO N/A 6-5-25
<input type="checkbox"/> Respite care services	YES NO N/A	YES NO N/A 6-5-26
<input type="checkbox"/> Specialized medical equipment and supplies supports	YES NO N/A	YES NO N/A 6-5-27
<input type="checkbox"/> Speech language therapy services	YES NO N/A	YES NO N/A 6-5-28
<input type="checkbox"/> Supported employment services	YES NO N/A	YES NO N/A 6-5-29
<input type="checkbox"/> Transportation services	YES NO N/A	YES NO N/A 6-5-30
<input type="checkbox"/> Transportation supports	YES NO N/A	YES NO N/A 6-5-31

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REVIEW OF POLICIES AND PROCEDURES									
Does provider have the following policies and/or procedures: (Applicable to all providers, except where noted “for providers who deliver services through employees or agents”)	Does it meet the requirements in the standards?			Has appropriate staff been provided a copy?			Have individuals been provided a copy?		
2. Provider complaint procedure 6-8-3 (5)(B)				YES	NO	N/A	YES	NO	N/A
3. Prohibiting violations of individual rights (for providers who deliver services through employees or agents) 6-9-3 (b)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
4. Written procedure for employees or agents to report violations of policies and procedures 6-9-4(m)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
5. Written procedure for provider or employee/agent to inform APS/CPS, legal representative, person designated by individual, provider of cm services of a situation involving abuse, neglect, exploitation mistreatment of an individual or the violation of an individual's rights 6-9-4(n)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
6. Written procedure for reporting reportable incidents to BDDS 6-9-4(o)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
7. Written personnel policy including job description for each position, including minimum qualifications, major duties, responsibilities of the employee (for providers who deliver services through employees or agents) 6-16-2(b)(1)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
8. Written procedure for conducting reference, employment, and criminal background checks (for providers who deliver services through employees or agents) 6-16-2(b)(2)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
9. Written prohibition against employing or contracting with a person convicted of offenses listed in 6-10-5. 6-16-2(b)(3)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
10. A process for evaluating the job performance of each employee or agent at the end of the training period and annually thereafter, including a process for feedback from individuals receiving services from the employee or agent (for providers who deliver services through employees or agents) 6-16-2(b)(4)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
11. Disciplinary procedures 6-16-2(b)(5)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
12. A description of grounds for disciplinary action against or dismissal of an employee or agent 6-16-2(b)(6)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
13. A description of rights and responsibilities of employees or agents, including the responsibilities of administrators or supervisors (for providers who deliver services through employees or agents) 6-16-2(b)(7)	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A
14. Written training procedure that is distributed to provider's employees or agents (for providers who deliver services through employees or agents) 6-16-3	YES	NO	N/A	YES	NO	N/A	YES	NO	N/A

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REVIEW OF POLICIES AND PROCEDURES											
15. Does agency provide behavioral support services? YES NO If NO go to question #17. If YES does agency have the following:			Does it meet the requirements in the standards?			Has appropriate staff been provided a copy?			Have individuals been provided a copy?		
16. Written policies and procedures that limit the use of highly restrictive procedures, including physical restraints or medications to assist in the managing of behaviors and that focus on behavioral supports that begin with less restrictive or intrusive methods before more intrusive or restrictive methods are used. 6-18-3			YES NO N/A			YES NO N/A			YES NO N/A		
REVIEW OF INDIVIDUAL RECORDS											
17. Is provider providing health care coordination or designated as responsible for health care coordination in an individual's ISP? YES NO (if NO, go to question #27) If YES, does the provider have a personal file for each individual receiving health care coordination services that includes:				Number of files reviewed			Number of files in compliance with standard				
18. The date of health and medical services provided to individual 6-25-3(b)(1)				_____			_____ out of _____				
19. A description of health care or medical services 6-25-3(b)(2)				_____			_____ out of _____				
20. The signature of the person providing the health care or medical services 6-25-3(b)(3)				_____			_____ out of _____				
21. Documentation of an organized system of medication administration 6-25-3(b)(4)(A)				_____ or N/A			_____ out of _____				
22. Documentation of an individual's refusal to take medication 6-25-3(b)(4)(B)											
23. Monitoring of medication side effects 6-25-3(b)(4)(C)				_____ or N/A			_____ out of _____				
24. Seizure tracking 6-25-3(b)(4)(D)				_____ or N/A			_____ out of _____				
25. Documentation of changes in an individual's status 6-25-3(b)(4)(E), 6-25-8 (a)											
26. An organized system of health related incident management. 6-25-3(b)(4)(F)				_____			_____ out of _____				

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27. Is agency providing behavioral support services for individuals? YES NO (if NO go to question #41) If YES, does the provider have the following in the individual's file:	Number of files reviewed	Number of files in compliance with standard
28. A copy of the individual's behavior support assessment 6-18-4(b)(1)	_____	_____ out of _____
29. If applicable, the individuals' behavior support plan 6-18-4(b)(2)	_____ or N/A	_____ out of _____
30. Dates, times and duration of each visit with the individuals 6-18-4(b)(3)	_____	_____ out of _____
31. A description of the behavioral support activities conducted 6-18-4(b)(4)	_____	_____ out of _____
32. Description of behavioral support progress made 6-18-4(b)(5)	_____	_____ out of _____
33. Documentation of behavioral support services that include documentation that least intrusive method was attempted and exhausted first 6-18-4(a)(1)	_____	_____ out of _____
34. A documentation system in the behavioral support plan for direct care staff working with individual to record episodes of targeted behavior(s), including dates and times of behaviors, length of time of behavior, description of what precipitated behavior, description of activities that helped alleviate behavior, and signature of staff observing and recording behavior. 6-18-2(h)	_____	_____ out of _____
35. If the use of medication is included in behavior plan, it includes a plan for assessing the use of medication and the appropriateness of a medication reduction plan or documentation that a medication use reduction plan was implemented in the past 5 years and proved not to be effective. 6-18-2(I)		
36. If highly restrictive procedure is deemed to be necessary and included in behavior support plan, it also contains a functional analysis of targeted behaviors for which a highly restricted procedure is designed, documentation that the risks of the targeted behavior have been weighed against the risk of the highly restrictive procedure, documentation that systemic efforts to replace the targeted behavior with an adaptive skill were used & found to be not effective 6-18-2(j)	_____	_____ out of _____
37. Documentation that the individual, the individual's support team and the applicable human rights committee agree that the use of highly restrictive method is required to prevent significant harm to individual or others 6-18-2(j)(4)	_____	_____ out of _____
38. Informed consent from the individual or individual's legal representative 6-18-2(j)(5)	_____	_____ out of _____
39. Documentation that the behavior support plan is reviewed regularly by individual's support team. 6-18-2(j)(6)	_____	_____ out of _____
40. The signature of the person providing the behavioral support services on each date the behavioral support service is provided 6-18-4(b)(6)	_____	_____ out of _____

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REVIEW OF INDIVIDUAL RECORDS		
41. Is agency providing case management services to individuals? YES NO (If NO go to question #52) If YES, does the provider have the following in the individuals' files:	Number of files reviewed	Number of files in compliance with standard
42. Documentation of each contact with the individual and the individual's providers 6-19-7(a)	_____	_____ out of _____
Documentation of the results of monitoring the quality, timeliness and appropriateness of the care services and products delivered to an individual, including monitoring of: 6-19-6(a)	Number of files reviewed	Number of files in compliance with standard
43. The appropriateness of the goals in an individual's ISP 6-19-6(b)(1)	_____	_____ out of _____
44. An individual's progress toward the goals in the individual's ISP 6-19-6(b)(2)	_____	_____ out of _____
45. Any medication administration system for individual 6-19-6(c)(1)	_____ or N/A	_____ out of _____
46. Any individual's behavior support plan 6-19-6(c)(2)	_____ or N/A	_____ out of _____
47. Any health-related incident management system for individual 6-19-6(c)(3)	_____ or N/A	_____ out of _____
48. Any side effect monitoring system for individual 6-19-6(c)(4)	_____ or N/A	_____ out of _____
49. Any seizure management system for individual 6-19-6(c)(5) (6-25-7)	_____ or N/A	_____ out of _____
50. Documentation of the provider's follow-up on problems 6-19-8(a)(1)	_____ or N/A	_____ out of _____
51. The resolution of problems 6-19-8(d)(2)	_____ or N/A	_____ out of _____

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REVIEW OF PROVIDER AGENCY EMPLOYEE FILES		
Applicable to all providers, except where noted “for providers who deliver services through employees or agents.” Do the employee records have the following:	Number of records reviewed	Number of records in compliance with standard
52. Limited criminal history check 6-10-5(a) and (b)		_____ out of _____
53. State nurse aid registry 6-10-5(c)		_____ out of _____
54. Negative TB test 6-15-2(b)(1)		_____ out of _____
55. CPR certification, updated annually 6-15-2(b)(2)		_____ out of _____
56. Auto insurance information, updated annually if employee is transporting individual 6-15-2(b)(3)		_____ out of _____
57. Limited criminal history information with information updated every three years 6-15-2(b)(4)		_____ out of _____
58. Professional licensure, certification, or registration, including renewals 6-15-2(b)(5)		_____ out of _____
59. Copy of driver’s license 6-15-2(b)(6)		_____ out of _____
60. Copies of time records or invoices for services 6-15-2(b)(7)		_____ out of _____
61. Copies of the agenda for each training session including subject matter, date and time of training, name of person(s) conducting training session, documentation of the employee or agents attendance at each training session, signed by trainer and employee. 6-15-2(b)(8) 6-16-3(b)(4)		_____ out of _____
Employee training on the following topics that is completed before employee begins working with an individual:	Number of records reviewed	Number of records in compliance with standard
62. Individual rights, including respecting the dignity of an individual, protecting an individual from abuse, neglect and exploitation, implementing person-centered planning and an individual’s ISP, and communicating successfully with an individual 6-14-4(a)	_____	_____ out of _____
63. Developing training goals and objectives that include selecting specific objectives, and completing task analysis 6-14-4(b)	_____	_____ out of _____
64. Providing a healthy and safe environment for an individual, including how to administer CPR, how to practice infection control, universal precautions, how to manage individual specific treatments and interventions, including management of individuals seizures, behaviors, medication side effects, diet and nutrition, swallowing difficulties, emotional and physical crises, and significant health concerns. 6-14-4(c)	_____	_____ out of _____

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REVIEW OF PROVIDER INTERNAL QUALITY ASSURANCE/ QUALITY IMPROVEMENT SYSTEM			
Applicable to all providers, except where specific provider type is named	Is provider in compliance with standards?		
65. Annual survey of individual satisfaction for all providers 6-10-10(b)(1)	YES	NO	
66. Documentation of efforts to improve service delivery in response to the survey 6-10-10(b)(3)	YES	NO	
67. An assessment of the appropriateness and effectiveness of each service provided to an individual 6-10-10(b)(4)	YES	NO	
68. A process for analyzing data concerning reportable incidents for all providers 6-10-10(b)(5)(A)	YES	NO	
69. Developing recommendations to reduce the risk of future incidents 6-10-10(b)(5)(B)	YES	NO	
70. Reviewing recommendations to assess their effectiveness 6-10-10(b)(5)(C)	YES	NO	
71. For providers responsible for medication administration, a process for analyzing medication errors 6-10-1 (b)(6)(A)	YES	NO	N/A
72. For providers responsible for medication administration, a process for developing recommendations to reduce the risk of future medication errors 6-10-10 (b)(6)(B)	YES	NO	N/A
73. For providers responsible for medication administration, a process for reviewing the recommendations to assess their effectiveness 6-10-10(b)(6)(C)	YES	NO	N/A
74. For providers of behavioral support services, a process for analyzing the appropriateness and effectiveness of behavior support techniques used for an individual 6-10-10(b)(7)(A)	YES	NO	N/A
75. For providers of behavioral support services, a process for developing recommendations concerning the behavioral support techniques used with an individual 6-10-10 (b)(7)(B)	YES	NO	N/A
76. For providers of behavioral support services, a process for reviewing recommendations to assess their effectiveness 6-10-10(b)(7)(C)	YES	NO	N/A
77. For CHP or RHS providers, a process for analyzing the appropriateness and effectiveness of the instructional techniques used for an individual 6-10-10(b)(8)(A)	YES	NO	N/A
78. FOR CHP or RHS providers, a process for developing recommendations concerning the instructional techniques used for an individual 6-10-10(b)(8)(B)	YES	NO	N/A
79. For CHP or RHS providers, a process for reviewing recommendations to assess their effectiveness 6-10-10(b)(8)(C)	YES	NO	N/A

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Survey summary – Corrective Action plans vs. concerns needing attention

For each item in survey identified with a concern, indicate appropriate action needed by service provider in tables below

Survey items requiring follow-up by BQIS		
Item #	Brief description of concern & recommended method of confirming compliance (ex. re-visit home; receipt of verification documents; etc)	provider

Survey items requiring informal attention by provider		
Item #	Brief description of concern	provider

Surveyor signature

“I attest that this survey is an accurate account of findings based on my observations on the date and time indicated”

Lead Surveyor; _____
SignatureTitleDate Signed

For additional notes, attach sheets/documents as necessary

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